PTO/SB/30 (04-05)
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Request For Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/653,281-Conf. #4745
Filing Date	August 31, 2000
First Named Inventor	Kevin L. Beaman
Art Unit	2812
Examiner Name	R. A. Booth
Attorney Docket Number	M4065.0278/P278

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

amendments enclo	uired under 37 CFR 1.114 Note: If the Fosed with the RCE will be entered in the order wish to have any previously filed unentered a	in which they were filed up	nless applica	ant instructs otherwise. If
a. X Previous may be	sly submitted. If a final Office action is of considered as a submission even if this	utstanding, any amendroox is not checked.	ments filed	after the final Office action
i. Con	sider the arguments in the Appeal Brief or	Reply Brief previously	filed on	
ii. X Otho	er Amendment filed November 18	3, 2005		
b. Enclose	d			
i. Ame	endment/Reply iii.	Information Disclosu	re Stateme	ent (IDS)
iiAffic	davit(s)/Declaration(s) iv.	Other		
2. Miscellaneous	7			
a. Suspens		olication is requested ur	nder 37 CF	R 1.103(c) for a
	f months. (Period of suspen			
b. Other				
	E fee under 37 CFR 1.17(e) is required by	37 CFR 1,114 when the	RCE is filed	l.
	ector is hereby authorized to charge the finents to Deposit Account No.			
		. Thave ench	oseu a dup	incate copy of this sheet.
i. X RCE	E fee required under 37 CFR 1.17(e)			
iiExte	ension of time fee (37 CFR 1.136 and 1.17	')		
iii. Oth	er			
b. Check in	n the amount of \$	enclosed		
c. X Paymen	nt by credit card (Form PTO-2038 enclosed			
	SIGNATURE OF ARPLICANT, AT	TORNEY, OR AGENT	REQUIR	ED
Signature	A S	Date	Decemb	per 15, 2005
Name (Print/Type)	Thomas J. D'Amico	Registra	ation No.	28,371

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Num	201000 001 0 6 817			
FEE TRANSMI	Filing Date		August 31, 2000			
	First Named Inv	entor K	Kevin L. Beaman			
For FY 2005	Examiner Name	R	. A. Booth			
Applicant claims small entity status. S	See 37 CFR 1.27	Art Unit	28	812		
TOTAL AMOUNT OF PAYMENT	(\$) 790.00	Attorney Docket	No. M	M4065.0278/P278		
METHOD OF PAYMENT (check all the	nat apply)	_				
Check X Credit Card M	Ioney Order Nor	ne Other (1	please identif	y):		
X Deposit Account Deposit Account Number	er: 04-1073 Deposit Acc	ount Name: Di	ckstein Sha	apiro Morin &	Oshinsky L	LP
For the above-identified deposit a	ccount, the Director is	hereby authorize	ed to: (check	all that apply)		
x Charge fee(s) indicated belo				cated below, ex	ccept for the	filing fee
Charge any additional fee(s) fee(s) under 37 CFR 1.16 a		x Credit	any overpay	ments		
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAM	INATION FEES					
		ARCH FEES	EXAMINA	ATION FEES		
Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)
Utility 300	150 500	250	200	100		
Design 200	100 100	50	130	65	-	
Plant 200	100 300	150	160	80		
Reissue 300	150 500	250	600	300		
Provisional 200	100 0	0	0	0		 -
2. EXCESS CLAIM FEES	100 0	V	Ü	U	Si	mall Entity
Fee Description			-		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (includin					200	100
Multiple dependent claims					360	180
Total Claims Extra Claims F	ee (\$) Fee f	Paid (\$)	<u>Mul</u>	tiple Depende	ent Claims	
41 -41 = x			<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)	
Indep. Claims Extra Claims F	ee (\$) Fee I	Paid (\$)				
3x	=					
3. APPLICATION SIZE FEE						
If the specification and drawings exceed	d 100 sheets of paper	(excluding electr	onically file	d sequence or	computer	•
listings under 37 CFR 1.52(e)), the a sheets or fraction thereof. See 35 U.	ipplication size fee du	ie is \$250 (\$125 I 37 CEP 1 16(c)	or small ent	ity) for each a	dditional 30	
		dditional 50 or frac	tion thereof	Fee (\$)	Fee Pa	id (\$)
Total Sheets Extra Sheets					<u> </u>	
100 = /50 (round up to a whole number) x =						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00						
SUBMITTED BY						
Signature	> /	Registration No.	20 271	Telephone	(202) 929	2222
		(Attorney/Agent)	28,371	reseptione	(202)828	-2232